

## Required Medi-Cal Forms

| Form Name  | Description  | Required  | Available in OeA           |
|--|--|---|----------------------------|
| <b>C 49</b><br>MIA Check List  | Tool to establish linkage to MC  | Yes   | No                         |
| <b>SAWS1</b><br>Initial Application  | Initial application can be started to request other benefits. Food Stamps, GA, Cash Aid, ect. This also holds the date of application. | Yes   | No                         |
| <b>MC 210</b><br>Medi-Cal Mail In Application (One-e-App Summary) I would remove this to not confuse users because the MC210 must be printed in OeA and signed by applicant. | The Medi-Cal application with Statement of Facts providing necessary information for a Medi-Cal determination.                         | Yes-  | Yes<br>Spanish Translation |
| <b>MC 210-A</b><br>Supplement to Statement of Fact of Retroactive Coverage/Restoration   | Allows the client to document any differences or changes in the months for which they are requesting retroactive coverage.             | Yes- Only required if applicant is requesting retroactive coverage for the three months prior to the application month. | Yes<br>Spanish Translation |
| <b>MC 219</b><br>Important Information   | This tells a client what their rights and responsibilities are.  | Yes -   | Yes<br>Spanish Translation |

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| <b>MC 306</b><br>Appointment of Representative | Authorized CHA/CAA: <ul style="list-style-type: none"> <li>• to submit requested verifications</li> <li>• accompany applicant to required face-to-face interview(s)</li> <li>• obtain information from HSA and other State Department of Social Services, Disability Evaluation Division, regarding the status of my application;</li> <li>• provide medical records and other information regarding medical problems and limitations to the county welfare department or the State Department of Social Services, Disability Evaluation Division;</li> <li>• Accompany and assist in the fair hearing process; and receive one copy of a specific notice of action from the county welfare department, at the request of the applicant/beneficiary.</li> </ul> | <b>Yes</b>   | <b>No</b>        |
| <b>C 430</b><br>Release of information         | Authorizes HSA to receive information from certain sources.   | <b>Yes</b>   | <b>No</b>        |
| <b>C-558</b>                                   | This is a Civil Rights county form to document we notified them of their rights. It is to be completed by a BA.   | This should be completed by a BA and filed in the case.        | <b>No</b>        |
| <b>C 14</b><br>Motor Voter Form                | Explains opportunity to register to vote using the motor voter form.  | <b>Yes</b> Required to be provided to client but not returned. | <b>No</b>        |
| <b>C 261</b><br>Interpreter/Language           | Offer of interpretation service and documentation of language preference  | <b>Yes</b>   | <b>No</b>        |
| <b>DHCS7077A</b>                               | This is an informing notice about transferring a home. It is more informational and includes a signature to acknowledge they received it. It does refer the client to HSA and should therefore not require more from a CAA. If anything comes up, they can check with us.   | <b>Yes</b> It is not required.                                 | <b>No</b>        |

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| <b>MC 13</b><br>Statement of Citizenship,<br>Alienage and Immigration Status | Statement of Citizenship, Alienage and<br>Immigration Status   | <p><b>Yes-</b> This form is considered to be required by One-e-App. However, <b>only non-citizens requesting</b> full-scope (such as LPRs) or undocumented clients requesting PRUCOL must complete it. To claim PRUCOL, question 5 must be completed. Depending on what is selected, the individual may be considered PRUCOL. <b>Others do not always have to complete this.</b></p> <p>Citizens declaring their place of birth can also complete this, but some do that on the application.</p> | <p><b>Yes</b><br/> <b>Spanish</b><br/> <b>Translated-</b><br/> <b>as of 1/9/09</b></p> |
| <b>MC 371</b><br>Add a Member  | This form is to add a family member to an existing MC application  | Only when requesting to add a family member to an existing application.  | <p><b>No</b></p>   |
| <b>MC 212</b><br>Residency Declaration                                       | This form is used to declare real property in or outside of the United States and to confirm that the applicant lives in San Mateo County. | Used by HSA to determine the intent to stay in this county or county by the applicant.   | <p><b>No</b></p>   |
| <b>MC 322</b>  | This form provides additional information on property that may not be captured in the application.   | YES  | <p><b>No</b></p>   |

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| <b>DED Application</b>  |   |   |   |
| <b>MC 223</b><br>Application's Supplemental Statement of Facts for Medi-Cal | This is a Statement of Facts for the DED application. Individuals should provide any known information. This will be forwarded to DED, along with the other DED forms, for a disability evaluation. If all information is not known, it can still be sent to DED. | <b>Yes-</b> This is required for DED applications to start the process and send the referral to DED. BAs will review for completion and follow-up on any other necessary information.   | <b>Yes Spanish Translated as of 1/09/09</b> |
| <b>MC 220</b><br>Authorization for Release of Information                   | Gives the State Programs – Disability Determination Services Division (SP-DDSD), previously known as DED, authorization to request medical information on behalf of the client in order to determine if they are disabled.  | <b>Yes-</b> This is required only if this is a DED application. Multiple (at least 3) copies with original signatures and no other changes or errors (no white out, crossed off letters or words) must be provided. Next to patient signature print their name.<br>* If you witness the signing, sign the form. So always sign. BAs will send this out and explain to client what needs to be done. Without it, the disability determination will not be completed. | <b>Yes Spanish Translated as of 1/09/09</b> |

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| <b>Child Support</b>                                  |   |  |  |
| <b>CW 2.1Q</b><br>Support Questionnaire Required Form | Request information about the absent parent.  | <p><b>Yes-</b> Required if child has one or more absent parents or if the child lives with both parents who are unmarried. One is required for each absent parent.</p> <p><b>Exceptions include if the child is:</b></p> <ul style="list-style-type: none"> <li>▪ Over 18</li> <li>▪ Undocumented</li> <li>▪ Pregnant</li> <li>▪ Minor consent</li> <li>▪ Already receiving health coverage from absent parent</li> <li>▪ Is 14-18 and meets the definition of an adult (not living in the home of parent/ caretaker/guardian and parent/caretaker/guardian is not handling their financial affairs)</li> </ul> <p><b>If not provided, the parent is penalized, not the child.</b></p> | <p><b>Yes</b><br/> <b>Spanish</b><br/> <b>Translated as of</b><br/> <b>1/09/09</b></p> |
| <b>CW 2.1 NA</b><br>Notice and Agreement              | Explains information about the Support Questionnaire and allows the parent to sign. | <b>Same as CW2.1Q</b>  | <p><b>Yes</b><br/> <b>Spanish</b><br/> <b>Translation</b></p>                          |